

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000054032 (6)**

1. Corporation Name
SEPARATOR SERVICE CONSULTANTS, INC.



Principal Place of Business
**7932 SE DOUBLE TREE DR
HOBE SOUND FL 33455**

Mailing Address
**7932 SE DOUBLE TREE DR
HOBE SOUND FL 33455**

3. Date Incorporated or Qualified **07/29/1993** 3a. Date of Last Report **01/18/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0435425** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**COVEY, JAMES P
1111 US HWY 1
SUITE 330
STUART FL 34994**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE D	1.1 TITLE
2. NAME WOLFARTH, WALTER	1.2 NAME
3. STREET ADDRESS 7932 SE DOUBLE TREE DR	1.3 STREET ADDRESS
4. CITY - ST - ZIP HOBE SOUND FL 33455	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	2.2 NAME
3. STREET ADDRESS	2.3 STREET ADDRESS
4. CITY - ST - ZIP	2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME
3.2 NAME	3.3 STREET ADDRESS
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME
4.1 TITLE	4.3 STREET ADDRESS
4.2 NAME	4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY - ST - ZIP	5.2 NAME
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
5.1 TITLE	5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6.1 TITLE
5.3 STREET ADDRESS	6.2 NAME
5.4 CITY - ST - ZIP	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Wolfarth **WALTER WOLFARTH** 1-15-96 407-283-8641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)